PTO/SB/21 (01-08)

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United the Faller work Reduction Act of 1995, no berson		Application Number	flection of information unless it displays a valid OMB control number. 10/085,164	
TRANSMITTAL		Filing Date	February 26, 2002	
FORM		First Named Inventor	Stephen G. Kelly	
		Art Unit	2892	
(to be used for all correspondence after initial filling)		Examiner Name	Koai Pham	
Total Number of Pages in This Submission 6		Attorney Docket Number	A539WTN (121116.00005)	
ENCLOSURES (Check all that apply)				
Fee Transmitt	al Form	Drawing(s)		After Allowance Communication to TC
Fee At	ttached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
Extension of T Express Abane Information Dia Certified Copy Document(s) Reply to Missin Incomplete Ap Reply Tephy	rinal //its/declaration(s) //i		ddress	Appeal Communication to TC (Appeal Notice, Sireft, Rapy) Brieft)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  RESPONSE TO NOTIFICATION OF NON-COMPLIANT APPEAL BRIEF
SIGNATURE OF ADPLICANT, ATTORNEY, OR AGENT				
	Walker L.L.P			
Signature				
Printed name Chri	istopher J. Rourk			
Date April	1 25, 2008	R	eg. No. 3	39,348
CERTIFICATE OF TRANSMISSION/MAILING				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:				
Signature n/a filing electronically				

This collection of information is required by 37 CPR 15. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to opcoses) an application. Confederable's a geometed by 58 USE. 122 and 37 CPR 11 mod 114. The confederable is estimated to 2 hours to complete, including planning, preparing, and submitting the completed application form to the USP10. Time wife under the confederable application form to the USP10. Time wife under the complete complete described the form and/or supplements for reducing this burden, should be sent to the Child Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TH

Typed or printed name

Date